

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

|   |                    |   |  |   |   |
|---|--------------------|---|--|---|---|
| <b>NAME OF FILER</b><br>KEEPING CALIFORNIANS WORKING, A COALITION OF INSURANCE AGENTS,<br>TECHNOLOGY, ENERGY, AND HEALTH CARE PROVIDERS |                    |   | <b>Date of This Filing</b> 11/01/2022<br><br><b>Report No.</b> 20221031LM<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 3 | <b>Date Stamp</b><br><br><br><br><br><b>Page 1 of 3</b> | <b>CALIFORNIA FORM 496</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(415)389-6800  |                    | <b>I.D. NUMBER (if applicable)</b><br>1365806 |  |   |   |
| <b>STREET ADDRESS</b>   |                    |   |  |   |   |
| <b>CITY</b><br>SAN RAFAEL   | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>94901                      |  |   |   |

## 1. List Only One Candidate or Ballot Measure

|  |                     |               |  |                     |                |               |
|--|---------------------|---------------|--|---------------------|----------------|---------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b><br>LILY MEI              |                     |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |                     |                |               |
| <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b><br>State Senator District 10 | <b>SUPPORT</b><br>X | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b>                           | <b>JURISDICTION</b> | <b>SUPPORT</b> | <b>OPPOSE</b> |

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE                  | AMOUNT      |
|------------|---|-------------|
| 10/31/2022 | PRODUCTION<br>Memo Reference: PDT:S496:523  | \$2,522.80  |
| 10/31/2022 | DIGITAL ADS<br>Memo Reference: EDT:S496:988 | \$30,000.00 |
| 10/31/2022 | CONSULTING<br>Memo Reference: EDT:S496:989  | \$1,500.00  |
|            |   |             |
|            |   |             |

Reason for Amendment:

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM** **496**

NAME OF FILER

KEEPING CALIFORNIANS WORKING, A COALITION OF INSURANCE AGENTS, TECHNOLOGY, ENERGY, AND HEALTH CARE PROVIDERS

I.D. NUMBER (If applicable)  
1365806

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE**  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|---|---|---|-----------------|---|
| 11/1/2022     | MCDONALD'S CORPORATION<br>Chicago, IL 60607   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$35,000.00     | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772

Memo Reference: EDT:S496:989  
Cumulative to date total \$315859.88

---

Memo Reference: EDT:S496:988  
Cumulative to date total \$315859.88

---

Memo Reference: PDT:S496:523  
Cumulative to date total \$315859.88

---

---

---